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- Sales Receipt -

05/16/2006 RSMITH 00000002 502035 10644130

01 FC:1814 130.00 DA

|   | Effective January 1, 2003   |   |              |                      |                              |                  |     |                  |  |       |                     |                        |   |
|---|---|---|--------------|----------------------|------------------------------|------------------|-----|------------------|--|-------|---------------------|------------------------|---|
| CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE OR SMALL ENTITY |   |   |              |                      |                              |                  |     |                  |  |       |                     |                        |   |
| TOTAL CLAIMS  |   |   | 12           |                      |                              |                  | R/  | RATE FEE         |  |       | RATE                | FEE                    |   |
| FOR   |   |   | NUMBER FILED |                      | NUMBER EXTRA                 |                  | BAS | BASIC FEE 375.00 |  | OR    | BASIC FEE           | 750.00                 |   |
| TOTAL CHARGEABLE CLAIMS   |   |   | minus 20=    |                      | · Ø                          |                  | X   | 9=               |  | OR    | X\$18=              |                        |   |
| INDEPENDENT CLAIMS  |   |   | minus 3 =    |                      | 1.4                          |                  | ×   | 42=              |  | OR    | X84=                | 336                    |   |
| MULTIPLE DEPENDENT CLAIM PRESENT  |   |   |              |                      |                              |                  | +1  | 40=              |  | OR    | +280=               |                        |   |
| * If the difference in column 1 is less than zero, enter "0" in column 2                    |   |   |              |                      |                              |                  |     | TAL              |  | OR    | TOTAL               | 1126                   |   |
| A CHAING AS AMENDED - DART II OTHER THA   |   |   |              |                      |                              |                  |     |                  |  |       | THAN                |                        |   |
| <u>[[·</u>  | (Column 1) (Column 2) (Column 3)  |   |              |                      |                              |                  |     | ALL              | ENTITY   | OR    | ŞMALL               |                        |   |
| NT A  |   | CLAIMS REMAINING AFTER AMENOMENT          |              | NUM<br>PREVK<br>PAID | BER<br>OUSLY                 | PRESENT<br>EXTRA | R   | ATE              | ADDI-<br>TIONAL<br>FEE                           |       | RATE                | ADDI-<br>TIONAL<br>FEE |   |
| AMENDMENT   | Total   | .12                                       | Minus        | -/                   | A                            |                  | X   | \$ 9=            |  | OR    | X\$18=              |                        |   |
|   | Independent   | . 7                                       | Minus        | **** /               | 7_                           | •                | ×   | 42=              | /  | OR    | X84                 |                        |   |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |              |                      |                              |                  |     | 40= /            |  | OR    | +260=               |                        |   |
|   | 1/1/6/6   |   |              |                      |                              |                  |     | TOTAL<br>IT: FEE | <del>                                     </del> | OR    | TOTAL<br>ADDIT, FEE |                        |   |
| . (   | 4 JY OF   | (Column 1)                                |              | (Colu                | mn 2)                        | (Column 3)       | ADD | IT:FEE           | <del></del>                                      |       | AUUH. PEE           |                        | 1 |
| AMENDMENT B   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | NUM<br>PREVI         | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA | R   | ATE              | ADDI-<br>TIONAL<br>FEE                           |       | HATE                | ADDÍ-<br>TIONAL<br>FEE |   |
|   | Total   | · 1                                       | Minus        | · 6                  | 20                           | ·A               | X   | \$ 9=            |  | OR    | X\$18=              |                        |   |
|   | Independent   | • /                                       | Minus        | ***                  | 7                            | 26               | X   | 42=              |  | OR    | X84=X               |                        |   |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |   |              |                      |                              |                  |     | 40=              |  | OR    | +280=               |                        |   |
| ·   |   |   |              |                      |                              |                  |     | TOTAL<br>IT. FEE |  | OR    | TOTAL<br>ADDIT: FEE |                        |   |
| (Column 1) (Column 2) (Column 3)  |   |   |              |                      |                              |                  |     |                  |  |       |                     |                        |   |
| AMENDMENT C   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | NUA<br>PREVI         | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA | R   | ATE              | ADDI-<br>TIONAL<br>FEE                           |       | RATE                | ADDI-<br>TIONAL<br>FEE |   |
|   | Total   | •   | Minus        | ***                  |                              | c                | ×   | \$ 9=            |  | OR    | X\$18=              |                        | 1 |
|   | Independent   | *   | Minus        | 482                  |                              | •                | Tx  | 42=              |  | OR    | X84=                |                        | 1 |
| Ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |              |                      |                              |                  |     | 40=              |  | OR    | +280=               |                        | 1 |
| * If the entry in column 1 is less than the entry in column 2, write "U in column 3.        |   |   |              |                      |                              |                  |     |                  |  | TOTAL |                     | 1                      |   |
| -   | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |              |                      |                              |                  |     |                  |  |       |                     |                        | 1 |

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